Partners in Policymaking®

PARTNERS PROFILE

Name _____

Day Time Phone (Mon.- Fri.) (_____)_____ ☐ home ☐ work
Area code

Street Address _____

City_____ State_____ Zip _____ e-mail_____

Hotel

Do you need overnight lodging?   ☐ Yes   ☐ No
Participants staying overnight will share a room and a roommate will be assigned.

If yes, will a personal care
attendant be staying with you?   ☐ Yes   ☐ No
If this is the case, you will not be assigned a roommate.

Do you require an accessible room?   ☐ Yes   ☐ No

Do you require a non-smoking roommate?   ☐ Yes   ☐ No

Do you require a smoking roommate?   ☐ Yes   ☐ No

Accessibility

Do you need wheelchair-accessible meeting space?   ☐ Yes   ☐ No

Will your personal care assistant come to the sessions with you?   ☐ Yes   ☐ No
Please provide us with his/her name so a nametag can be
prepared. _____

Other accessibility accommodations? Please describe:_____

_____

Meals

Participants will be provided with Friday lunch and dinner and Saturday lunch during the training sessions. Breakfast will be provided on Saturday for those staying overnight on Friday. If you require a special diet (i.e. low salt, vegetarian), please describe below. Please be as specific as possible so your individual needs may be met!

_____

_____

_____

On-going Communications

Beginning in October you will receive monthly communications from the Coordinator with information you will need before the next weekend session. You can select either of the following methods to receive:

☐   Electronic, my e-mail address is _____
        Note: You must be able to open WORD attachments and be in a position to check your e-mail on a regular basis to insure that you receive this information on a timely basis!

☐   U.S. Mail to the address shown at the top of this Profile

Interpreter Services

Do you require sign language interpreter services?	☐ Yes	☐ No
Do you require any language interpreter services? *(Please specify: _____)*	☐ Yes	☐ No

Instructional Materials

Note: Materials distributed for use during Partners weekends and after class as resources come from a wide variety of sources. Every effort will be made to provide them in alternative formats to meet class member needs!

Do you require large print? (Please provide a sample!)	☐ Yes	☐ No
Do you require Braille?	☐ Yes	☐ No
Do you require audio tapes?	☐ Yes	☐ No

Other (please specify):
_____

Travel

We strongly encourage carpooling. If you are interested in exploring this option before the first weekend session, please contact _____ so we can provide you with names & phone numbers of Class members in your area. Note: You will be provided with a complete class list at the September session to help you explore this option for future weekends!

Will you be driving to the sessions?   ☐ Yes   ☐ No

If you will not be driving , please describe your transportation plans. _____

_____

This form must be received by _____ to:
          _____
          _____
          _____
          _____